## Lexington-Fayette Urban County Government Division of Community Development 200 E. Main Street, 6<sup>th</sup> Floor Lexington, KY 40507 (859) 258-3070 CDBG/HOME

## **Housing Rehabilitation Loan Program**

## PRELIMINARY APPLICATION

1.	Date of Application:	_					
2.	Applicant's Name:						<u>-</u>
		First	M.I.		Last		
3.	Co-Applicant's Name:	T: .					-
		First	M.I.		Last		
4.	Home Address:	Street Address		Zip Code			-
		Street Address		zap Code			
5.	Telephone Number:	Applicant: (	) Home	()	Work	( )	Cell
		Co-Applicant: (		_ ()	Work	(	Cell
	N I CD 'II	1 11		NI 1	WOIR		CCII
6. Number of Persons in Household:  Adults 18 or Older Children 17 or Under							
7.	The annual income from all sources of applicant(s):			\$			<u>•</u>
	The annual income from	household members 1	18 and under:	\$			<u>.</u>
			TOTAL:	\$			-
8.	Do you own the home?	Yes	No				
9.	9. I currently:  Own my house free and clear.  Am buying my house (I have a mortgage to pay off)  Other:						
10.	0. The current outstanding debt on our home is: \$\$ \$\$				1 <sup>st</sup> Mortgage bala 2 <sup>nd</sup> Mortgage bala Other TOTAL	nce ance	
I/We certify that all the statements on this pre-application are true and correct to the best of my/our knowledge. I/We understand that any willful misstatement of material fact may be grounds for disqualification.							
App	olicant:						_
		Signature			Date		
Co-	Applicant:						_
		Signature			Date		
FOR OFFICE USE ONLY							
Assessment: \$ Received Assistance Previously? When:							
Denied Previously? When:Placed On Waiting ListBy:							

Letter Sent

By: \_

CE